

Sample Intravenous Therapy Administration Policy

PURPOSE:

The use of intravenous therapy administration is recognized as an intervention that will help save lives. The (Name of Service) recognizes the need for training and the need to maintain proficiency in use of intravenous therapy in order to provide the highest quality patient care when called upon to perform these skills.

POLICY:

Those EMTs trained in intravenous therapy will review the skills on the use of the devices requested by the Physician Medical Director (PMD). The intravenous therapy skills to be reviewed and the competency requirements will be those identified by the PMD. Intravenous therapy skills competency will be reviewed and tested during the (Month) EMT meeting/training.

A list of names of those EMTs who have successfully demonstrated their competency skills in the use of (Intravenous Therapy device(s)) will be given to the PMD within (30) days following the competency testing and a copy of that list will be placed in the EMT service files.

Physician Medical Director's Signature

Date

EMS Officer's Signature

Date